



# GRANT COUNTY FARM SERVICE AGENCY



## Committee:

Kim Lemons  
Joanne Keerins  
Archie Osburn

## Office Staff:

Tom Falvey, County Executive Director  
Ilene Berry, Program Technician

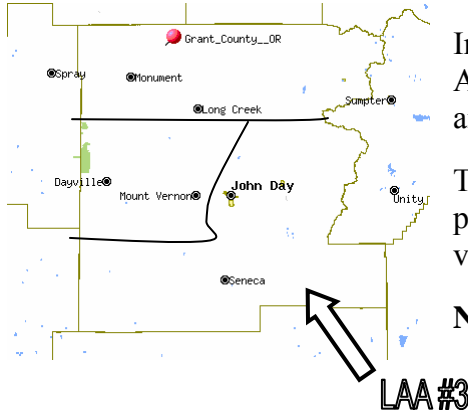
June 2006

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John Day, OR 97845

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Oregon State FSA Website:  
[www.fsa.usda.gov/or/or.htm](http://www.fsa.usda.gov/or/or.htm)

## **GRANT COUNTY ELECTIONS:** Nominate a candidate for the Grant County Committee.



Individuals may nominate themselves or others that reside in Local Administrative area #3 (John Day, Prairie City, Austin, Seneca, and Izee areas).

The nominee must be an owner or operator; a spouse listed on the property deed, a partner in a general partnership or member of a joint venture that has an interest in a farm as an owner or operator.

**Nomination forms must be received in the County FSA Office by August 1<sup>st</sup>.**

## **2006 Noninsured Assistance Program (NAP)**

Report Loss within 15 days!

Producers, who have 2006 Crop NAP Insurance, need to file a Notice of Loss within 15 days of a disaster event or when the loss becomes apparent. Report before you destroy, replant, or graze damaged or low crops yield, because an appraisal may be required.

2007 NAP Fees  
Due By Sept.  
30<sup>th</sup>.

Acreage Reports  
due before  
August 15<sup>th</sup>.

## **2005 Production Evidence due by August 15<sup>th</sup>.**

## **Loan Programs**

FSA has direct and guaranteed loan programs to help farmers who are temporarily unable to obtain private, commercial credit. The amount of funding available each year is subject to appropriations.

Types of loans available are:

- \* Beginning Farmer and Rancher Loans for borrowers who have farmed less than 10 years.
- \* Loans to socially disadvantaged applicants who are women, African Americans, American Indians, Alaskan Natives, Hispanics, and Asian Americans and Pacific Islanders, to buy and operate family-size farms and ranches.
- \* Guaranteed Loans made for ownership or operating purposes, which can be made by any lending institution subject to Federal or State supervision and guaranteed by FSA.
- \* Youth Project Loans to individual rural youths who are 10 through 20 years of age to establish and operate income producing projects of modest size in connection with their participation in 4-H Clubs, Future Farmers of America, and similar organizations.
- \* Emergency Loans for losses caused by natural disaster.

## **Deficiency Payments**

LDP's are payments made to producers on commodities when the Posted Crop Price (PCP) is lower than the Loan Rate. Eligible commodities are: wool, barley, oats, wheat, triticale, etc. Producers may receive LDP's on their crop after the commodity is harvested (or sheared), before you sell, graze, destroy or feed and you have beneficial interest in the commodity. The LDP rate is based on the national average price and is posted daily. Contact the County Office after you harvest to see what the LDP rate is paying.

Foreign investors who have purchased or sold agricultural land in Grant County are required to report the transaction to this office within 90 days. The report is required by law and persons who fail to report, or who are late in reporting, face possible fines.

## **Conservation Reserve Enhancement Program (CREP)**

Agricultural landowners can enroll eligible riparian lands into a 10 to 15-year CREP Contract and receive annual conservation payments, cost-share payments and incentive payments for the riparian restoration practices. CREP is a continuous sign-up program and are not ranked. The most common practices are:

- Riparian Forest Buffer (a mixture of trees and shrubs 35-180 feet)
- Wildlife Habitat Buffer (grasses, shrubs, and forbs 20-180 feet)

Reimbursement of 75% (50% of the cost-share comes from the Federal Government and 25% from the State) of the eligible costs of planting, fencing, and livestock watering facilities.

One-time incentive payments can include:

- Sign-up incentive payment of \$10 per acre times 10
- Practice Incentive Payment of 40% of eligible costs
- For having 50% of 5 miles of stream-bank enrolled (one or more participants) 4 times the annual base rental rate per acre for each participant.

FSA programs are available to all eligible interested persons. Special accommodations will be made, upon request, for individuals with disabilities, vision impairment, or hearing impairment. If accommodations are required, please contact the office.

The United States Department of Agriculture (USDA) prohibits discrimination in its programs on the basis of race, color, national origin, sex, religion, age, disability, political belief, sexual orientation, marital or familial status, parental status, or public assistance status. (Not all prohibited bases apply to all programs.) Persons with disabilities who require alternative means for communication of program information (braille, large print, audiotape, etc.) should contact USDA's TARGET Center at (202) 720-2600 (voice and TAD).

To file a complaint, write the Secretary of Agriculture, U.S. Department of Agriculture, Washington, D.C., 20250, or call 1 800-245-6340 (voice) or (202) 720-1127 (TAD).

**U.S. DEPARTMENT OF AGRICULTURE  
FARM SERVICE AGENCY  
Grant County FSA Committee  
721 S. Canyon Blvd.  
John Day, OR 97845**

PRESORTED STANDARD  
U.S. POSTAGE PAID  
JOHN DAY, OR  
PERMIT NO. 28

**FSA-669A**

(03-08-06)

**U.S. DEPARTMENT OF AGRICULTURE**

Farm Service Agency

## **NOMINATION FORM FOR COUNTY FARM SERVICE AGENCY (FSA) COMMITTEE ELECTION**

The County FSA Committee election will be held this year on the first Monday of December. Ballots will be mailed to voters not less than 4 weeks before the election.

This form allows individuals to nominate themselves or any other person as a candidate. If additional forms are needed, this one may be copied or may be obtained at the County FSA Office or obtained electronically at <http://forms.sc.egov.usda.gov>. Each form submitted must be:

- A. Limited to one nominee.
- B. Signed and dated by the nominee in Item 4. Nominee must sign if willing to have his/her name placed on the ballot and agrees to serve if elected.

**Note:** Name shown on ballot will appear exactly the same as in Agency records.

- C. Delivered to the County FSA Office or postmarked no later than August 1.

The County FSA Committee is responsible for reviewing each form to determine the eligibility of nominees. A person who files this form and is found ineligible will be so notified and have an opportunity to file an appeal in accordance with 7 CFR Part 780.

Persons nominated should actively participate in the operation of a farm or ranch and be well qualified for committee work. A producer is eligible to be a County FSA committee member if the producer resides in the Local Administrative Area (LAA) in which the election is to be held and is eligible to vote.

Federal regulations may prohibit County FSA Committee members from holding certain positions in some farm, commodity, and political organizations if such positions pose a conflict of interest with FSA duties. The positions include functional offices such as president, vice president, secretary, or treasurer; and positions on boards or executive committees. Conflict of interest restrictions also apply to employees, operators, managers, and majority owners of tobacco warehouses. Questions concerning eligibility should be directed to the County FSA Office.

A candidate has the option to request that all voted ballots for an individual county committee election be returned to the respective State Office in lieu of being returned to the county office. This request must be in writing and submitted to the local County Executive Director prior to the announced end of the nomination period.

The duties of County FSA Committee members include:

- A. Administering farm program activities conducted by the County FSA Office.
- B. Informing farmers of the purpose and provisions of the FSA programs.
- C. Keeping the State FSA Committee informed of LAA conditions.
- D. Monitoring changes in farm programs.
- E. Participating in county meetings as necessary.
- F. Performing other duties as assigned by the State FSA Committee

FSA-669A  
(03-08-06)U.S. Department of Agriculture  
Farm Service Agency**NOMINATION FORM FOR COUNTY FSA COMMITTEE ELECTION**

1. NAME OF NOMINEE (Type or print Nominee's Full Name)		<b>TO BE COMPLETED BY COUNTY FSA OFFICE</b>
2. ADDRESS OF NOMINEE		
<b>3. NOMINEE'S CERTIFICATION</b> <i>I hereby agree to have my name placed on the ballot, that I will serve if elected, and if there is a conflict of interest, I will resign such position.</i>  <input type="checkbox"/> I DO want to witness the settling of tied votes with another nominee.  <input type="checkbox"/> I DO NOT want to witness the settling of tied votes with another nominee.		5. INITIALS OF EMPLOYEE RECEIVING FORM AND DATE (MM-DD-YYYY)
		6A. COUNTY
		6B. LAA NO.
		7. STATE
4A. SIGNATURE OF NOMINEE	4B. DATE (MM-DD-YYYY)	<b>DATE OF ELECTION IS 1st MONDAY OF DECEMBER OF EACH CALENDAR YEAR</b>

**8. TO BE COMPLETED BY NOMINEE**

**VOLUNTARY INFORMATION FOR MONITORING PURPOSES:** The following information is requested by the Federal Government in order to monitor FSA's compliance with federal laws prohibiting discrimination against program participants on the basis of race, color, national origin, religion, sex, marital status, handicapped condition, or age. You are not required to furnish this information, but are encouraged to do so. This information will not be used in evaluating your nomination or to discriminate against you in any way.

<b>ETHNICITY</b>	<b>RACE (Choose as many boxes as applicable)</b>	<b>GENDER</b>
<input type="checkbox"/> Hispanic or Latino <input type="checkbox"/> Not Hispanic or Latino	<input type="checkbox"/> America Indian or Alaska Native <input type="checkbox"/> Black or African-American <input type="checkbox"/> Asian <input type="checkbox"/> Native Hawaiian or Other Pacific Islander <input type="checkbox"/> White	<input type="checkbox"/> Male <input type="checkbox"/> Female

**INSTRUCTIONS FOR COMPLETING THIS FORM**

Complete the form as follows:

**ITEM 1** Type or Print the nominee's full name. The nominee must be:

- A. Eligible to vote in the designated County FSA Committee election.
- B. Eligible to hold the office of County FSA Committee member.
- C. Willing to serve if elected.

**ITEM 2** Enter the nominee's current address.**ITEM 3** The nominee must check one of the boxes to indicate a preference regarding the settling of tied votes.**ITEM 4** The nominee must sign and date.**ITEM 8** Completing this item is voluntary.**ALL FORMS MUST BE RECEIVED IN THE COUNTY OFFICE OR POSTMARKED BY AUGUST 1.**

**NOTE:** The following statement is made in accordance with the Privacy Act of 1974 (5 USC 552a) and the Paperwork Reduction Act of 1995, as amended. The authority for requesting the following information is 7 CFR Part 7. The information will be used to obtain nominees for County FSA Committee.

According to the Paperwork Reduction Act of 1995, an agency may not conduct or sponsor, and a person is not required to respond to, a collection of information unless it displays a valid OMB control number. The valid OMB control number for this information collection is 0560-0229. The time required to complete this information collection is estimated to average 5 minutes per response, including the time for reviewing instructions, searching existing data sources, gathering and maintaining the data needed, and completing and reviewing the collection of information. RETURN THIS COMPLETED FORM TO YOUR COUNTY FSA OFFICE.